



MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN *EMSC CONNECTION*

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MAY 2013

A word from the EMS for Children Program Manager:

Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

Many exciting events are going on this month.

- ✓ National Pediatric Readiness Project
- ✓ Special Shout Out to Hospitals!
- ✓ National Nurses Week
- ✓ Asthma and Allergy Awareness Month
- ✓ Youth Traffic Safety Month
- ✓ National EMS Week and EMSC Day
- ✓ National News

What Is the National Pediatric Readiness Project? <http://pediatricreadiness.org/>

MONTANA'S PEDIATRIC READINESS PROJECT CLOSES MAY 31, 2013!

The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children. The first phase of this project will be a national assessment of EDs' readiness to care for children.

The assessment is based on the following areas of the Joint Policy Statement: Guidelines for the Care of Children in the Emergency Department (published in *Pediatrics*, October 2009 and *Annals of Emergency Medicine*, October 2009):

- Administration and Coordination;
- Physicians, Nurses, and Other ED Staff;
- QI/PI in the Emergency Department (ED);
- Pediatric Patient Safety;
- Policies, Procedures, and Protocols; and
- Equipment, Supplies, and Medications

The primary purpose of this project is three-fold, to establish:

- (1) A composite baseline of the nation's Ed capacity to provide care to children;
- (2) A foundation for EDs to engage in an ongoing quality improvement process that includes implementing the ***Guidelines for the Care of Children in the Emergency Department***; and
- (3) A benchmark that measures an ED's improvement over time.

WHAT ARE THE BENEFITS OF THIS PROJECT?

- This project will inform individual EDs if it has the identified essential resources needed to effectively care for children of all ages.
- The project will provide a snapshot of the nation's EDs' readiness to care for children.
- The project will provide benchmarking between EDs based on pediatric patient volume.
- The assessment results will be confidential. An ED's identifying information will not be publically released.

Each ED that completes the assessment will receive an individual one-year subscription to PEMSsoft (www.pemsoft.com), a web-based pediatric decision support tool used in hundreds of facilities worldwide.

MONTANA'S PEDIATRIC READINESS PROJECT CLOSES MAY 31, 2013!

Please help Montana to have a 100% completion rate!!

As of **Wednesday, May 8, 2013**, Montana has a **55% Response Rate** with **33 out of 60** hospitals assessed. Wyoming has an 88.9% response rate and Utah has a response rate of 100%!

A SPECIAL SHOUT out to the Montana Hospitals who have **completed** the Pediatric Readiness Assessment!

Do not miss your chance to complete the important quality improvement assessment endorsed by the EMS for Children (EMSC) Program; American Academy of Pediatricians (AAP); American College of Emergency Physicians (ACEP); Emergency Nurses Association (ENA); Supporting Organizations: Joint Commission Hospital Corporation of America.

Hospitals that have **completed** the Pediatric Readiness Assessment as of May 7th.

Barrett Hospital and Healthcare; Beartooth Hospital and Health Center; Big Horn County Memorial Hospital; Billings Clinic; Blackfeet Community Hospital; Bozeman Deaconess Hospital; Clark Fork Valley Hospital; Community Hospital of Anaconda; Community Medical Center; Crow Northern Cheyenne Hospital; Dahl Memorial Healthcare; Daniels Memorial Healthcare Center; Frances Mahon Deaconess Hospital; Granite County Medical Center; Kalispell Regional Medical Center; Lame Deer Health Center; Livingston Memorial Hospital; Madison Valley Medical Center; Marcus Daly Memorial Hospital; Marias Medical Center; Mineral Community Hospital; Northern Montana Hospital; Phillips County Medical Center; Pondera Medical Center; Poplar Community Hospital; Ruby Valley Hospital; Sheridan Memorial Hospital; Sidney Health Center; St. Joseph Hospital; St. Luke Community Hospital; St. Patrick Hospital and Health Sciences Center; Stillwater Community Hospital; Teton Medical Center.

The deadline is May 31, 2013!

I am happy to answer any questions that come up. Just email me at rsuzor@mt.gov or call me at 406) 444-0901.

I will be following up with a phone call to each hospital that has not completed the survey in the very near future.



MAY 6-12, 2013 NATIONAL NURSES WEEK

Celebrated annually from **May 6**, also known as **National Nurses Day**, through May 12, the birthday of Florence Nightingale, the founder of modern nursing. The 2013 theme is **Delivering Quality and Innovation in Patient Care**.

The American Nurses Association (ANA) developed the National Nurses Week logo to help celebrate nurses and all that they do. To learn more about National Nurses Week go to <http://nursingworld.org/nnw>.

A May 3, 2013 article by Allison Ellis entitled “What makes nurses want to stay put? The reasons might surprise you” (excerpts from)

Long hours on your feet, dealing with intense life-or-death situations and combine that with recent changes in equipment, technology and an aging population, and the job of nursing -- one of the most vital roles in the health-care system -- has become increasingly high-stakes and complex..... It is in caring for people in times of their greatest vulnerability and need that nurses find joy and meaning in their work. “The work is wonderful and rewarding...

Several studies have linked healthy work environments with patient safety, nurse retention and recruitment. In other words: Happy, healthy nurses equal happy, healthy patients. Other factors, such as fatigue, adequate staffing, autonomy, collaboration and effective systems for communication are critical components as well.

“Sources of contentment-So what makes a nurse satisfied with his or her career? According to Tieman, citing nurse-related human resources studies, workplace autonomy is the No. 1 factor: “Do I have control over my practice? Can I shape my work involvement and control my daily flow and routine?” she says.

Next is the quality of supervision by the nurse managers and other administrators who set policy and standards regarding patient care. Orientation, mentorship and on-the-job training are a close third. Also high on the list: professional development and education, adequate staffing, and team-oriented collaborations with medical staff. Pay is ranked fifth.

All of these things go a long way toward creating a satisfied workforce, says Tieman. “People like to know that their work contributes to the higher good,” she says. A simple “thank you” can also make a nurse’s day. “Nurses aren’t in the profession to be liked,” says Tieman. “They’re doing it to make a difference.

Entire article can be viewed at:

http://blog.nwjobs.com/careercenter/what_makes_nurses_want_to_stay_put_the_reasons_might_surprise_you.html?prmid=obnetwork



Florence’s greatest achievement was to make nursing a respectable profession for women. Nightingale's writings on hospital planning and organization had a profound effect in England and across the world, publishing over 200 books, reports and pamphlets. Nightingale died at the age of 90, on 13th August 1910, she had become one of the most famous and influential women of the 19th century. Her writings continue to be a resource for nurses, health managers and planners to this day. <http://www.florence-nightingale.co.uk/>

ASTHMA AND ALLERGY AWARENESS MONTH



Asthma and allergies are at epidemic proportions in America.

They affect so many Americans now that the White House has designated May as Asthma and Allergy Awareness Month. In fact, in the past 20 years, according to the Asthma and Allergy Foundation of America (AAFA), the number of Americans with these two chronic conditions has doubled. That brings the current estimate of afflicted people to 60 million. Last year alone, there were approximately two million emergency room visits and nearly half a million hospital stays due to asthma/allergy attacks. On a financial level, the statistics from the AAFA places the enormous cost of treating these conditions at \$25 billion annually. The costs are staggering, both in human suffering and in financial treatment. The real question is what can be done to reduce and prevent the symptoms (attacks) and financial costs of these devastating diseases. <http://dhhs.ne.gov/publichealth/Pages/National-Asthma-and-Allergy-Awareness-Month.aspx>

In 2008, an estimated 14,380 children in Montana had asthma. Child lifetime asthma prevalence was 10.2% and child current asthma prevalence was 6.8% compared with the 38 participating states' rates of 13.3% and 9.0%, respectively. Adult current asthma prevalence was similar among all age groups when compared with adults aged 18-24 years in Montana; however, the rate was highest among adults aged 18-24 years throughout the U.S. Montana statistics show that children's current asthma prevalence was lower among children aged 0-4 years than children aged 15-17 years. A similar pattern occurred throughout the 38 participating states.

Improving Clinical Outcomes

The Montana Asthma Control Program is committed to helping healthcare providers in the state improve their clinical outcomes. To this end, the Asthma Program provides: Free, asthma-related patient education materials geared toward adults and [children](#) for Montana healthcare providers. Support for use of the new [Expert Panel Report-3 Asthma Guidelines](#).

The program has a free clinical registry, the Asthma Care Monitoring System (ACMS), for clinics in the state to track their asthma patient populations. If you have any questions related to improving clinical outcomes in your patient population, please contact [Jeanne Cannon, RHIA, CPhT, CWPM](#).

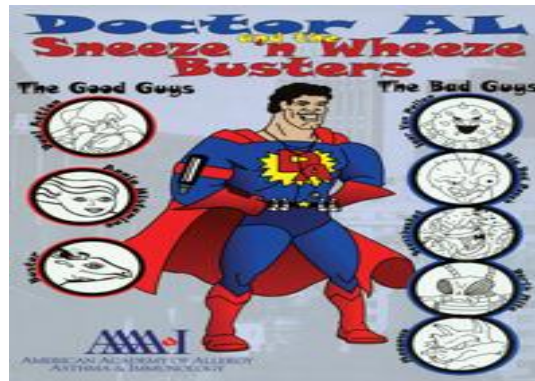
Certified Asthma Educators

The Montana Asthma Control Program supports healthcare providers in Montana who seek the national certified asthma educator credential (AE-C). The program provides support for studying for the AE-C exam through:

- A lending library of free study materials
- Asthma educator certification review courses
- Because this is a state program, it can only provide these services to Montana healthcare providers. To learn more about this service, please contact [Carolyn Linden](#).

Want to share some [asthma-friendly cleaning tips](#) with your clients and patients? Look at this great resource for inexpensive, asthma-friendly ways to dust, clean windows, control pests, and more.

Doctor Al and the Sneeze 'n Wheeze Busters Coloring Book



[Download](#)

In this coloring book, you will find superheroes like Dr. Al Lergist and his partners, Annie Histamine, Buster Bronchodilasaurus and Duel Actions. Their job is to help people feel better when their allergies or asthma bother them. The bad guys like Darth Mite, Big Bad Roach, Meeyowa Monstera the Cat Hairess, Count Igor von Pollen, and Scuzzbucket, can be big troublemakers. People with allergies and asthma should try to avoid them as much as they can.

Dr. A and his super pals fight morning, noon and night trying to wipe out allergies and asthma so kids can learn, play, sleep and breathe easier.

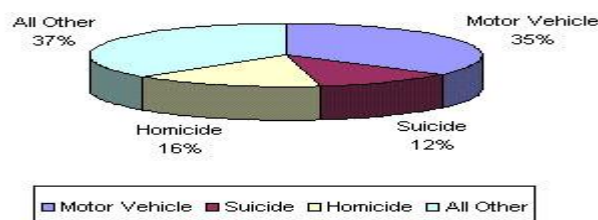
National Youth Traffic Safety Month® (NYTSM)

According to National Highway Traffic Safety Association (NHTSA) statistics, May and June are the two deadliest months for youth on the road.

Leading Cause of Death for Teens

The heart of NHTSA's mission is keeping families safe on America's roadways. Young drivers, ages 15- to 20-years old, are especially vulnerable to death and injury on our roadways – traffic crashes are the leading cause of death for teenagers in America. Mile for mile, teenagers are involved in three times as many fatal crashes as all other drivers.

Leading Causes of Death for Teens



Teens are at far greater risk of death in an alcohol-related crash than the overall population, despite the fact that they are below the minimum drinking age in every State. Among 15- to 20-year-old drivers involved in fatal crashes in 2006, 31 percent of the drivers who were killed had been drinking and 77 percent of these drivers were unrestrained. High-visibility enforcement of underage purchase, possession, and provision laws can create a significant deterrent for violation of youth access laws, reduce consumption, and decrease alcohol-related crash involvement.

(<http://www.nhtsa.gov/Driving+Safety/Teen+Drivers/Teen+Drivers+Education/Teen+Drivers+-+Additional+Resources>)

The Allstate Foundation funded a national contest now known as Act Out Loud®. The Act Out Loud contest started in 2008 as part of National Youth Traffic Safety Month to encourage more youth to become involved in spreading the word about the importance of traffic safety. Since then, thousands of lives have been impacted- Act Out Loud to help save the lives of their peers.

For more information check out these websites: <http://www.fcclainc.org>; <http://www.actoutloud.org/>; <http://noys.org/>

Another great resource for myth busters see: <http://mdt.mt.gov/safety/safety-initiatives/young.shtml> and http://plan2live.mt.gov/you_okay_to_drive.shtml



EMSC Day 2013

EMSC Day 2013 will be celebrated on Wednesday, May 22, as part of the larger National EMS Week celebration scheduled for May 19-25. To help with pre-promotional efforts, [Save-the-Date artwork](#) is now available for download for insertion into emails or websites.

For more information about EMS Week, download a copy of ACEP's [2013 EMS Week Planner](#) or become a fan of the [National EMS Week Facebook page](#).

Information about EMSC Day and the EMSC Program are featured in this year's EMS Week Planner (see the article titled "[Saving Kids Lives: Latest EMS Educational Opportunities to Improve Care Provided to Children](#)."

- National EMS Week 2013 is May 19-25
- This year's theme is "EMS: One Mission. One Team."

For more free resources that may be of interest to you include:

CLICK ON WEB ADDRESS AND OPEN THE HYPERLINK

<http://www.acep.org/emsweek/>

<http://www.acep.org/EMS-Week-Microsofte/Ever-See-a-Traumasaurus--EMS-Mascots-Make-a-Big-Impression/>

<http://www.acep.org/EMS-Week-Microsofte/Use-Your-Brain-to-Cook-Up-Some-EMS-Week-Fun/>

http://www.childreinsnational.org/files/PDF/EMSC/events/Childrens_Activity_Sheets.zip

http://www.childreinsnational.org/files/Images/emsc/EMSC_Day/Benny_the_Bearamedic_logo.zip

<http://helmets.org/publicat.htm>

<http://www.safekids.org/educators/activities.html>

<http://www.safeboatingcampaign.com/>

<http://www.boatingorders.com/freeproducts.html>

<http://www.preventchildabuse.org/index.php/news-and-publications/tips-and-brochures>

<http://www.mypreciouskid.com/free-safety.html>

www.safekidscorner.com/free-child-safety-items.html

<http://www.safekidscorner.com/free-child-safety-items.html><http://www.safekidscorner.com/>

www.babycenter.com - Safety & Childproofing free ADT Child Safety Kit ...

<http://www.imsafe.com/>

<http://www.childreinsnational.org/EMSC/PubRes/DownloadDocs.aspx>

http://www.usa.safekids.org/tier2_rl.cfm?folder_id=176

<http://www.dphhs.mt.gov/ems/poison/index.shtml>

<http://www.dphhs.mt.gov/childrenstrustfund/resources.shtml>

<http://www.preventchildabuse.org/publications/kids/index.shtml>

Prevention Activities for Kids and Teachers

Activity Sheet - Break the Code.pdf

Activity Sheet - Ladders.pdf

Household Checklist.pdf

Test Your Poison IQ.pdf

Oklahoma Teacher's Guide.pdf

Kentucky Teacher's Guide.pdf

Colored Puppet.pdf

[Above The Influence - Get the toolkit, activity downloads and more](#)

www.parentpower.mt.gov/

National News:

Early Identification of Children at Risk for Critical Care: Standardizing Communication for Inter-Emergency Department Transfers

A [study](#) published by *Pediatric Emergency Care* investigated if a standardized template for communication between referring and receiving facilities during pediatric patient transfers involving respiratory distress could effectively flag those patients requiring intensive care unit (ICU) admission. The study retrospectively applied the template to the cases of 285 transferred patients, 21% of which were ultimately admitted to the receiving facility's ICU. The template's sensitivity in predicting admission was 84%; the negative predictive value was 95%; and the positive predictive value was 50%. Ten patients who were not critically ill upon arrival were concurrently not recognized as requiring ICU admission by the template.

In conclusion, a template may help providers to communicate effectively about a transfer patient's condition while also providing an accurate way to illuminate critically ill patients requiring ICU care.

Cold Preparation Use in Young Children After FDA Warnings: Do Concerns Still Exist?

A [study](#) published by *Clinical Pediatrics* explored the current practices of parents and caregivers in dispensing cold medications to pediatric patients in comparison to most-recent Food and Drug Administration (FDA) warnings. The study surveyed 65 parents and caregivers presenting with their ill child (younger than age 6) to a pediatric emergency department with questions regarding which of a selection of over-the-counter (OTC) medications they would administer, how they would perform dosing, what they knew about current recommendations and warnings, and what they had been told to do by their health care provider. Results found that despite that FDA recommendations advise against administering OTC cold or cough medicine to children younger than age 6, 82% of caregivers would administer this type of medication. Additionally, 72% of caregivers incorrectly dosed the medication regardless of the availability of correct dosing instructions during the simulation. Most participants reported lack of familiarity with current warnings, possible side effects, and drug interactions. Given the significant number of child deaths and emergency department visits related to incorrect use of cough and cold medication in young children, these results underscore the scope of a serious problem with cold and cough medications in the younger than 6 years pediatric population.

New Mexico EMSC Releases Safe Transport of Children in EMS Vehicles

New Mexico EMS for Children (EMSC) has released two new online modules: "[Safe Transport of Children in EMS Vehicles Part 1 and Part 2](#)." The modules address the specific issues, concerns, recommendations, and guidelines to improve current practice regarding the safe transport of pediatric patients in emergency vehicles.

Register Today for IOM's Medical and Public Health Preparedness Considerations for Children and Families Conference

Register today for the Institute of Medicine's (IOM) conference "[Medical and Public Health Preparedness, Response, and Recovery Considerations for Children and Families](#)," taking

place June 10-11, 2013, in Washington, DC. This conference will examine medical and public health preparedness related to children and families, including children with special healthcare needs. It will review already existing tools and frameworks that can be modified

To include pediatric needs, as well as partnerships and organizations with vested interest that can be leveraged in planning to improve outcomes and allow pediatric considerations to be integrated throughout local and state emergency plans.

If you would like to include others in the distribution of this newsletter, please contact me at rsuzor@mt.gov



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